PERCEPTIONS ABOUT FAMILY PHYSICIANS: RESULTS OF A PATIENT SURVEY IN KARACHI, PAKISTAN

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ABSTRACT

OBJECTIVE: Family Medicine is an emerging specialty and mandatory for the success of any healthcare delivery system. We have studied perceptions about family medicine among patients presenting to family physicians for medical care.

DESIGN: It was a questionnaire based survey.

SETTING: Family Practice Center, Aga Khan University Hospital, Karachi, Pakistan in June 2004. RESULTS: A total of 100 patients were interviewed, of which 52(52%) were males. The mean age was 33.2 years. Nine of the respondents had postgraduate education. The family physicians are well-mannered, conduct proper check-ups and are helpful according to thirty one (31%), fifteen (15%), and eleven(11%) respondents respectively. Eleven (11%) respondents said that family physicians are aware of the family history of the patients. In the event of chest pain, 76(76%), 22 (22%) and two (02%) respondents would consult a family physician, cardiologist and chest physician respectively.

CONCLUSION: We have identified a need for increasing awareness about family medicine among patients.

KEY WORDS: Family Medicine. Generalist. Primary care.

INTRODUCTION

Family Medicine is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity. It is a clinical specialty oriented to primary care 1-3. The role of the family physician is unfortunately not fully appreciated. This issue is very significant because if the patient underestimates the role of this particular type of physician, then he/she losses access to a physician who possesses skills in providing comprehensive health care. Family physicians treat regardless whether the problem is biological, behavioral or social. This aspect is part of the definition of this physician, as adopted by the 1975 Congress of Delegates of the American Academy of Family Physicians⁴. Twentieth century specialization has led to the fragmentation of the medical profession⁵, with the result that the doctor-patient relationship has rapidly deteriorated⁶. Family medicine, by virtue of its inherent emphasis on a strong doctor-patient relationship can help restore confidence of the public in the medical profession⁷. It is, therefore, necessary to promote family medicine as a specialty. It has been noted that patients are unaware8 of the need to first see a generalist for the resolution of medical complaints before consulting a sub-specialist. Directly consulting a sub-specialist can result in mismanagement^{8,9}. It is, therefore, necessary to educate patients about family medicine and its usefulness. As an initial step, we need to study patient's perceptions about family physicians before developing patient education programs to increase awareness regarding family medicine.

PATIENTS AND METHODS

This study was conducted on patients visiting the Family Practice Center, Aga Khan University Hospital, Karachi. Around 150 patients are seen daily by twelve family physicians at the facility. A hundred patients were interviewed. Since we planned a descriptive study and did not intend to subject the data to statistical tests, a sample size based on statistical calculations was not calculated. The study design was a questionnaire based survey. A questionnaire was developed, based on the objectives of the study. It included demographic profile of the respondents and questions on family physicians. Data on demographic profile of the patient included age, sex, marital status, education and occupation. It was pilot-tested before collection of data during June final Questionnaires were administered to the respondents by a trained volunteer. Patients sitting in the waiting area and waiting to be seen by family physicians were requested to participate in the study. We interviewed patients based on their availability and convenience.

A systematic random selection of study subjects was not undertaken. Inclusion criteria was patients visiting the family medicine clinic, with age 18 years and above and those agreeing to participate in the study and sign the consent form. Patients who were interviewed were provided information regarding family medicine including answers to questions in the questionnaire, after they were filled. Outcomes of the study were characteristics of family physicians, their need, awareness of healthcare system, differences between family physicians and other specialists, need for family physicians in future and why it is likely to increase? SPSS computer software was used for data management.

RESULTS

A total of 100 patients were interviewed, among them fifty two (52%) were men. The mean age was 33.2 years. Sixty one (61%) respondents were married and nine (9%) were postgraduates. Thirty eight (38%) respondents were in private service and eight (8%) were self-employed (Table I). Table II lists the characteristics of family physicians. The family physicians are well-mannered, conduct proper checkups and are helpful according to thirty one (31%). (15%), and eleven(11%) respondents respectively. Eleven (11%) respondents said that family physicians are aware of the family history of the patients. Table III lists reasons why family physicians are needed in today's era of specialization. Family physicians are needed for fast and accurate diagnosis, on account of their accessibility and familiarity with patient's family history according to 17 16(16%) and 13(13%) respondents (17%). respectively. However, 21 respondents (21%) failed to respond to the need for family physicians in future. In the event of chest pain, 76(76%), 22(22%) and two (02%) respondents would consult a family physician, cardiologist and chest physician respectively. Table IV shows differences between family physicians and other specialists. Fifty-four (54%) of the respondents consider a family physician as a specialist while twenty eight (28%) did not. Specialists other than family physicians deal with more specific problems and are more experienced but do not know patient's family history according to 54(54%), 10(10%) and 06 (06%) respondents respectively. Seventy-one (71%) respondents thought that the need for a family physician would increase in the future. Increase in pollution, increasing population, easily accessible and more awareness of their role were quoted as reasons for the increase in their need among four (4%), ten (10%), seven (7%) and thirteen (13%) respondents respectively. However, seventeen (17%) felt that their need would not increase in the future (Table V).

TABLE I: DEMOGRAPHIC PROFILE OF THE PATIENTS (n=100)

PARAMETER	NUMBER (PERCENT)
SEX: Males Females	52 (52) 48 (48)
Mean Age in years	33.16
MARITAL STATUS: Married Single	69 (69) 31 (31)
EDUCATIONAL STATUS: Grade X and below Grade XII Graduate Postgraduate	37 (37) 22 (22) 32 (32) 09 (09)
OCCUPATION: Private service Housewife Self employed Student Unemployed Retired Government service	38 (38) 33 (33) 08 (08) 12 (12) 06 (06) 02 (02) 01 (01)

TABLE II: CHARACTERISTICS OF FAMILY PHYSICIANS* (n=100)

CHARACTERISTIC	NUMBER (PERCENT)
Are well-mannered	31(31)
Conduct proper checkup	15(15)
Are helpful	11(11)
Are familiar with patient's family history	11(11)
Have a caring attitude	07(07)
Are knowledgeable	05(05)
Are accessible	04(04)
Are understanding	04(04)
Offer cost effective treatment	03(03)
Do not have a caring attitude	(d)(03)
Offer good treatment	02(02)
Are not helpful	02(02)
Are friendly	01(01)
Offer appropriate referral to other doctors	01(01)

^{*} Patient views

TABLE III: REASONS FOR FAMILY PHYSICIANS NEED* (n=100)

REASONS	NUMBER (PERCENT)
For fast and accurate diagnosis	17(17)
Are accessible	16(16)
Are familiar with patient's family history	13(13)
Are information provider	12(12)
Offer cost effective care	12(12)
Are understanding	11(11)
Are helpful	09(09)
Can refer patients to appropriate specialists	05(05)
Are friendly	04(04)
Provide care to entire family	02(02)
Provide good care for general medical problems	02(02)
Provide emergency medical care	01(01)
No answer	21(21)

^{*} Patient views(Total responses=125)

TABLE IV: COMPARISON BETWEEN FAMILY PHYSICIAN AND SPECIALIST* (n=100)

COMPARISON	NUMBER (PERCENT)
Is Family Physician a specialist?	
Yes No	54 (54) 28 (28)
Don't know	18 (18)
Specialist	E4/E4)
deals with specific problems	54(54)
is more experienced	10(10)
does not know the family history	06(06)
does not provide immediate diagnosis	07(07)
is more effective in providing treatment	05(05)
knows all medical problems	05(05)
only offers expensive treatment	01(01)
is unfriendly	03(03)
knows less about general problems	01(01)
treats individual patients and not family	01(01)
is not different from family physician	07(07)

^{*} Patient's view

TABLE V: NEED FOR FAMILY PHYSICIANS IN FUTURE* (n=100)

QUESTION	NUMBER (PERCENT)
Need for Family Physician will incre	ase in future?
Yes No Don't Know	71(71) 17(17) 12(12)
Why will the need for Family Physic	ians increase?
Increased awareness about their role	13(13)
Increasing population	10(10)
Increasing health problems in future	07(07)
Due to their helpful attitude	07(07)
Due to cost effective care they provide	06(06)
Increasing pollution	04(04)
Easily accessibility	03(03)
Accurate diagnosis	02(02)

^{*}Patient's views

DISCUSSION

This study serves to illustrate family practice patients' views on family physicians. We have interviewed only a hundred patients. This is a methodological weakness for it does not accurately represent the views of the millions of people living in Karachi. Also, we only interviewed family practice patients and this, too, is a weakness in the study. This is because family practice patients are more apt to appreciate family physicians to a greater degree than the general population. Thus, again, it does not represent the views of majority of people living in Karachi. We have interviewed patients visiting a teaching hospital which again prevents generalization of the results. It is due to these reasons that this study be regarded as a pilot study, offering insight for future elaborate studies. Thirty three percent respondents did not finish school and perhaps this is why there is a general lack of awareness about family medicine. This reinforces the need to promote awareness about role of the family physician. Despite several weaknesses in the study, we may learn much from the information. For instance, it is interesting to note that 76% of the respondents said they would first see a family physician if they had chest pain, yet 22% would see a

cardiologist first. These statistics show that while. reassuringly, a large number of people would see a family physician, a significant percentage would also see a cardiologist. This implies that people are not aware of the health care delivery system, which will eventually not go in their favor. Based on this information, it is necessary to promote awareness among the general population about the health care delivery and how it should be utilized. Patients often do not know which specialty to choose for their health problem, particularly in the presence of non-specific symptoms, choosing the right specialist might not be so obvious. In such cases, misdirected self-referrals by patients to self-chosen specialists can sometimes lead to misdiagnosis resulting in unwarranted delays in getting the right treatment. The general physicians, on the other hand, are in a unique position to oversee the big picture of patients' health, and are therefore better equipped to identify and sort out their individual health problems 10. Concerning the characteristics of family physicians, most respondents said that they are well mannered (31%), conduct proper check-up (15%) and are familiar with family history (11%). This shows that generally many respondents are aware of the characteristics of a family physician. However, a small percentage (05%) of the patients believed that family physicians are not helpful or caring. This may seem insignificant, but, on a large scale, this 5% amounts to a very large number of people. This implies that there are many people who believe that family physicians are not helpful. This is disturbing since it indicates that people are not aware of good qualities of family physicians and have had a bad experience. This highlights the need to inculcate good habits among our family physicians including being helpful to patients. It is interesting to note that some respondents feel specialists are more experienced than family physicians. What they need to know is that specialists other than family physicians are more experienced in their own specialty whereas family physicians are more experienced in a number of broad based areas at the same time, which is a big advantage. It should be understood that advantages specialists and family physicians complimentary and should be used together to the full benefit of the patient 10-13

CONCLUSION

Promoting awareness among the general public about health care delivery and the role of family physicians and other specialists will lead to a more systematic approach while dealing with a health problem. It will lead to cost effective care and improved patient care and satisfaction.

We have documented patient views on Family Medicine and differences between family physicians and other specialists. It is hoped that this study will serve as a pilot study and will lead to more elaborate study on the topic. It is also hoped that this will eventually lead to a better utilization of available health care services including those of family physicians.

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